

## Centers for Medicare & Medicaid Services, HHS

## § 435.100

an eligibility group, after taking into consideration any disregard of a block of income applied in determining financial eligibility for such group.

*Electronic account* means an electronic file that includes all information collected and generated by the State regarding each individual's Medicaid eligibility and enrollment, including all documentation required under § 435.914 of this part.

*Eligibility determination* means an approval or denial of eligibility in accordance with § 435.911 as well as a renewal or termination of eligibility in accordance with § 435.916 of this part.

*Family size* has the meaning provided in § 435.603(b) of this part.

*Federal poverty level (FPL)* means the Federal poverty level updated periodically in the FEDERAL REGISTER by the Secretary of Health and Human Services under the authority of 42 U.S.C. 9902(2), as in effect for the applicable budget period used to determine an individual's eligibility in accordance with § 435.603(h) of this part.

*Household income* has the meaning provided in § 435.603(d) of this part.

*Insurance affordability program* means a program that is one of the following:

- (1) A State Medicaid program under title XIX of the Act.
- (2) A State children's health insurance program (CHIP) under title XXI of the Act.
- (3) A State basic health program established under section 1331 of the Affordable Care Act.
- (4) A program that makes coverage in a qualified health plan through the Exchange with advance payments of the premium tax credit established under section 36B of the Internal Revenue Code available to qualified individuals.
- (5) A program that makes available coverage in a qualified health plan through the Exchange with cost-sharing reductions established under section 1402 of the Affordable Care Act.

*MAGI-based income* has the meaning provided in § 435.603(e) of this part.

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*Minimum essential coverage* means coverage defined in section 5000A(f) of subtitle D of the Internal Revenue Code, as added by section 1401 of the Affordable Care Act, and implementing regulations of such section issued by the Secretary of the Treasury.

*Modified adjusted gross income (MAGI)* has the meaning provided at 26 CFR 1.36B-1(e)(2).

*Non-applicant* means an individual who is not seeking an eligibility determination for himself or herself and is included in an applicant's or beneficiary's household to deter-

mine eligibility for such applicant or beneficiary.

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*Pregnant woman* means a woman during pregnancy and the post partum period, which begins on the date the pregnancy ends, extends 60 days, and then ends on the last day of the month in which the 60-day period ends.

*Secure electronic interface* means an interface which allows for the exchange of data between Medicaid and other insurance affordability programs and adheres to the requirements in part 433, subpart C of this chapter.

*Shared eligibility service* means a common or shared eligibility system or service used by a State to determine individuals' eligibility for insurance affordability programs.

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*Tax dependent* has the same meaning as the term "dependent" under section 152 of the Internal Revenue Code, as an individual for whom another individual claims a deduction for a personal exemption under section 151 of the Internal Revenue Code for a taxable year.

### § 435.10 State plan requirements.

A State plan must—

- (a) Provide that the requirements of this part are met; and
- (b) Specify the groups to whom Medicaid is provided, as specified in subparts B, C, and D of this part, and the conditions of eligibility for individuals in those groups.

### Subpart B—Mandatory Coverage of the Categorically Needy

EFFECTIVE DATE NOTE: At 77 FR 17204, Mar. 23, 2012, Subpart B was amended by revising the heading, effective Jan. 1, 2014. For the convenience of the user, the revised text is set forth as follows:

### Subpart B—Mandatory Coverage

#### § 435.100 Scope.

This subpart prescribes requirements for coverage of categorically needy individuals.